

County: Brown
 MANORCARE HEALTH SERVICES - WEST
 1760 SHAWANO AVENUE

Facility ID: 1100

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GREEN BAY 54303 Phone: (920) 499-5191
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 105
 Total Licensed Bed Capacity (12/31/02): 105
 Number of Residents on 12/31/02: 90

Ownership: Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 98

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		38.9
Supp. Home Care-Personal Care	No					More Than 4 Years		47.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0			13.3
Day Services	No	Mental Illness (Org./Psy)	47.8	65 - 74	8.9			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	2.2	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		9.3
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		10.2
Other Services	Yes	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	42.2	Male	24.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	297	51	92.7	104	0	0.0	0	22	100.0	159	0	0.0	0	1	100.0	305	86	95.6
Intermediate	---	---	---	4	7.3	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		55	100.0		0	0.0		22	100.0		0	0.0		1	100.0		90	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:						Activities of		% Needing Assistance of	Total
						Daily Living (ADL)		One Or Two Staff	Number of Residents
								% Totally Dependent	
Private Home/No Home Health	5.0						Independent	48.9	90
Private Home/With Home Health	2.1						Bathing	35.6	90
Other Nursing Homes	0.4						Dressing	20.0	90
Acute Care Hospitals	89.9						Transferring	41.1	90
Psych. Hosp.-MR/DD Facilities	0.4						Toilet Use	18.9	90
Rehabilitation Hospitals	0.0						Eating		90
Other Locations	2.1								

Total Number of Admissions	238					Continence		Special Treatments	
Percent Discharges To:						Indwelling Or External Catheter		Receiving Respiratory Care	4.4
Private Home/No Home Health	28.5					Occ/Freq. Incontinent of Bladder	67.8	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	23.1					Occ/Freq. Incontinent of Bowel	58.9	Receiving Suctioning	0.0
Other Nursing Homes	3.3							Receiving Ostomy Care	0.0
Acute Care Hospitals	16.9					Mobility		Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0					Physically Restrained	5.6	Receiving Mechanically Altered Diets	45.6
Rehabilitation Hospitals	0.4								
Other Locations	4.5					Skin Care		Other Resident Characteristics	
Deaths	23.1					With Pressure Sores	5.6	Have Advance Directives	41.1
Total Number of Discharges						With Rashes	1.1	Medications	
(Including Deaths)	242							Receiving Psychoactive Drugs	62.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		93.3	84.7	1.10	85.7	1.09	85.3	1.09	85.1 1.10
Current Residents from In-County		96.7	81.6	1.18	81.9	1.18	81.5	1.19	76.6 1.26
Admissions from In-County, Still Residing		14.3	17.8	0.80	20.1	0.71	20.4	0.70	20.3 0.70
Admissions/Average Daily Census		242.9	184.4	1.32	162.5	1.49	146.1	1.66	133.4 1.82
Discharges/Average Daily Census		246.9	183.9	1.34	161.6	1.53	147.5	1.67	135.3 1.83
Discharges To Private Residence/Average Daily Census		127.6	84.7	1.51	70.3	1.81	63.3	2.02	56.6 2.26
Residents Receiving Skilled Care		95.6	93.2	1.03	93.4	1.02	92.4	1.03	86.3 1.11
Residents Aged 65 and Older		100	92.7	1.08	91.9	1.09	92.0	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents		61.1	62.8	0.97	63.8	0.96	63.6	0.96	67.5 0.91
Private Pay Funded Residents		24.4	21.6	1.13	22.1	1.10	24.0	1.02	21.0 1.16
Developmentally Disabled Residents		0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		47.8	29.3	1.63	37.0	1.29	36.2	1.32	33.3 1.43
General Medical Service Residents		42.2	24.7	1.71	21.0	2.01	22.5	1.88	20.5 2.06
Impaired ADL (Mean)		48.2	48.5	0.99	49.2	0.98	49.3	0.98	49.3 0.98
Psychological Problems		62.2	52.3	1.19	53.2	1.17	54.7	1.14	54.0 1.15
Nursing Care Required (Mean)		7.1	6.8	1.05	6.9	1.02	6.7	1.05	7.2 0.98